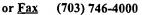
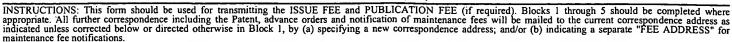
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450





	CE ADDRESS (Note: Use Block 1 for a	ny change of address)	Note. A certificate of manifip can only be used for domestic manifips of			
	590 11/04/2004	OIP	EZ	ree(s) Transmittal. T	his certificate cannot be used hal paper, such as an assignmente of mailing or transmission.	for any other accompanying
		FEB 0 3 7	ms (2)	I hereby certify that States Postal Service addressed to the Matransmitted to the US	ertificate of Mailing or Tran- this Fee(s) Transmittal is bein- with sufficient postage for fir ill Stop ISSUE FEE address PTO (703) 746-4000, on the	smission g deposited with the Unit st class mail in an envelor above, or being facsimi date indicated below.
ROCK VILLE, ME		Enr	.ento			(Depositor's name
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APPLICATION NO.	FILING DATE	FIRST NAMED IN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/628,395	07/29/2003		ian Ni		PF290P1D2	5544
ITLE OF INVENTION: PA	ANCREAS-DERIVED PLA	SMINOGEN ACTIVATOR .	INHIBITO	PR 02/07/2005 SD 01 FC:1501 02 FC:1504	ENBOB2 00000026 083425 1400.00 DA 300.00 DA	10628395
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	±\$1370€ \$ 1,4	100	\$300	-\$1670 C \$1,70	02/04/2005
EXAM	EXAMINER		C	LASS-SUBCLASS	· ·	
HADDAD,	HADDAD, MAHER M		1644 435-3380		-	
PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless	tion (or "Fee Address" Indicator more recent) attached. Use  PRESIDENCE DATA TO BE an assignee is identified bel	listed, n E PRINTED ON THE PATE ow, no assignee data will a	NT (print	he patent. If an assig	nes of up to f no name is 3	ocument has been filed for
(A) NAME OF ASSIGNI	_	(B) RESIDE		Y and STATE OR CC	OUNTRY)	*
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lease check the appropriate	assignee category or categor	ies (will not be printed on the	e patent):	Individual 🛂 C	Corporation or other private gro	oup entity 🚨 Governmen
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a. The following fee(s) are  Itssue Fee  Advance Order - # of  Change in Entity Status  a. Applicant claims SI	enclosed:  mall entity discount permitted f Copies  (from status indicated above) MALL ENTITY status. See 3	4b. Payment  A chect Payme  YX The D Deposit A  7 CFR 1.27.	of Fee(s): ck in the are the by cred director is ccount Nu	mount of the fee(s) is entire and Form PTO-203 thereby authorized by more	nclosed. 8 is attached.	credit any overpayment, to opy of this form).
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an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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In re Patent Application of:

Ni et al.

Docket No.: PF290P1D2 Allowed: November 4, 2004

Application No.: 10/628,395

Confirmation No.: 5544

Filed: July 29, 2003

Art Unit: 1644

For: Pancreas-Derived Plasminogen Activator

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Inhibitor

Examiner: M. M. Haddad

## **ISSUE FEE TRANSMITTAL LETTER**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Fee(s) Due mailed November 4, 2004, Applicants submit herewith Part B - Fee(s) Transmittal (PTOL-85), with appropriate fee(s) (in duplicate).

The U.S. Patent and Trademark Office is hereby authorized to charge any deficiency in the fees filed, or credit any overpayment, to our Deposit Account No. 08-3425.

Dated: February 3,2005

Respectfully submitted,

Kenley K. Hoover

Registration No.: 40,302

HUMAN GENOME SCIENCES, INC.

Intellectual Property Dept. 14200 Shady Grove Road Rockville, Maryland 20850

(301) 610-5771

KKH/MS/ba